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| Fill in this information to identify your case: | |
|---|-------------------------------|
| United States Bankruptcy Court for the: | |
| Northern District of: Illinois (State) | |
| Case number (if known) | Chapter you are filing under: |
| | Chapter 7 Chapter 11 |
| | Chapter 12 Chapter 13 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself | | |
|---|-----------------------------|---|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name | Randi First name | First name |
| Write the name that is on your government-issued picture identification (for example, your driver's license or passport | Middle name Jones Last name | Middle name Last name |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. All other names you have used in the last | First name | First name |
| 8 years Include your married or | Middle name | Middle name |
| maiden names. | Last name | Last name |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| 3. Only the last 4 digits of your Social | XXX - XX- 9997 | xxx - xx- |
| Security number or federal Individual | OR | OR |
| Taxpayer Identification number (ITIN) | 9 xx - xx- | 9 xx - xx- |

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| D | ebtor 1 Handi First Name | Jones Middle Name Last Name | Case number (if known) |
|---|--|--|--|
| | riist Name | Middle Name Last Name | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. | Any business names and Employer | I have not used any business names or EINs. | I have not used any business names or EINs. |
| | Identification Numbers (EIN) you have used in the last | Business name | Business name |
| | 8 years | Business name | Business name |
| Include trade names and doing business as names | | EIN | EIN |
| | | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | Number Street Apt. 2G | Number Street |
| | | Lansing Illinois 60438 | |
| | | City State Zip Code Cook | City State Zip Code |
| | | County | County |
| | | - | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to |
| | | notices to you at this mailing address. | this mailing address. |
| | | , | |
| | | Number Street | Number Street |
| | | | |
| | | City State Zip Code | City State Zip Code |
| 6. | Why you are choosing this district | Check one: | Check one: |
| | to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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| De | ebtor 1 Randi | Jones Case number (if known) | |
|-----|---|--|--------------------------------|
| | First Name | Middle Name Last Name | |
| Pa | Tell the Court Abo | Your Bankruptcy Case | |
| 7. | The chapter of the Bankruptcy Code you are choosing to file under | heck one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for ankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 Chapter 11 Chapter 12 Chapter 13 | |
| 8. | How you will pay the fee | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court of more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorned may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the <i>Application for Individuals to Pay Your Filing Fee in Installments</i> (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments) you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Office Form 103B) and file it with your petition. | h, ey w, a of . If |
| 9. | Have you filed for bankruptcy within the last 8 years? | No. | |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | No. Yes. Debtor District When MM / DD / YYYY Relationship to you Debtor District When MM / DD / YYYY Relationship to you District When MM / DD / YYYYY | |
| 11. | Do you rent your residence? | No. Go to line 12. Yes. Has your landlord obtained an eviction judgment against you? ✓ No. Go to line 12. Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition. | |

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Debtor 1 Randi Jones Case number (if known) First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ✓ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Randi Jones Case number (if known)

First Name Middle Name Last Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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| Debtor 1 Handi | | | ase number <i>(if known)</i> | |
|---|--|--|---|---|
| Part 6: Answer These Que | Middle Name estions for Reporting Purposes | Last Name | | |
| 16. What kind of debts do you have? | 16a. Are your debts primarily "incurred by an individual No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily money for a business or ir No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts your debts primarily money for a business or ir Output No. Go to line 17. | consumer debts? Consumer debts? Consumer debts? Consumer debts? for a personal, for a personal, for a personal, for a personal, for a personal debts? Busines debts? Busines are through the for through the formal debts? | family, or household pur ss debts are debts that y operation of the busine | rpose." you incurred to obtain ess or investment. |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | ✓ No. | | | |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | <u> </u> | 5,001-50,000 0,001-100,000 flore than 100,000 |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$1 \$10,000,001-\$ \$50,000,001-\$ \$100,000,001- | \$50 million \$\bigsigms \$\\$100 million \$\bigsigms \$\\$\$ | 500,000,001-\$1 billion 1,000,000,001-\$10 billion 10,000,000,001-\$50 billion Nore than \$50 billion |
| 20. How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$1 \$10,000,001-\$ \$50,000,001-\$ \$100,000,001- | \$50 million \$\bigsq\$ \$\bigsq\$ \$100 million \$\bigsq\$\$ | 500,000,001-\$1 billion 1,000,000,001-\$10 billion 10,000,000,001-\$50 billion fore than \$50 billion |
| Part 7: Sign Below | | | | |
| For you | I have examined this petition, ar correct. If I have chosen to file under Chof title 11, United States Code. under Chapter 7. If no attorney represents me and out this document, I have obtain I request relief in accordance will understand making a false state approach to the chapter that the chapter that the content of the content to the chapter that the chap | napter 7, I am aware that I I understand the relief availed I did not pay or agree to ned and read the notice relith the chapter of title 11, tement, concealing prope | may proceed, if eligible, ailable under each chapt pay someone who is not equired by 11 U.S.C. § 3 United States Code, sporty, or obtaining money | under Chapter 7, 11,12, or 13 ter, and I choose to proceed of an attorney to help me fill 342(b). ecified in this petition. or property by fraud in |
| | connection with a bankruptcy of both. 18 U.S.C. §§ 152, 1341, | 1519, and 3571. | x | inment for up to 20 years, or |
| | /s/ Randi Jones Signature of Debtor 1 | | Signature of Debtor 2 | |
| | Executed on 4/9/2018 MM / DD | 0/YYYY | Executed on | MM / DD / YYYY |
| | IVIIVI / DD | // 1111 | , | . TITE / 1 1 1 1 1 1 1 1 1 1 |

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| Debtor 1 Randi | | Jones | Case number (i | fknown) |
|--|----------------------------|-----------------------|----------------------------|--|
| First Name | Middle Name | Last Name | | |
| For your attorney, if you are represented by one | eligibility to proceed und | der Chapter 7, 11, 12 | , or 13 of title 11, Unite | have informed the debtor(s) about ed States Code, and have explained the also certify that I have delivered to the |
| If you are not | | - | | which § 707(b)(4)(D) applies, certify that I |
| represented by an | . , | - | | dules filed with the petition is incorrect. |
| attorney, you do not | navo no miovicago arto | ar mqan y mac aro | | garde med with the polition is incomed. |
| need to file this page. | /s/ Michael Spangle | ~ | Date | 4/9/2018 |
| | Signature of Attorney f | | | MM / DD / YYYY |
| | oignature of Attorney 1 | OI DODIOI | | |
| | | | | |
| | Michael Spangler | | | |
| | Printed name | | | |
| | Occupation Fine | | | |
| | Semrad Law Firm Firm name | | | |
| | | | | |
| | 20 S. Clark Street | | | |
| | Street | | | |
| | 28th Floor | | | |
| | | | | |
| | Chicago | | Illinois | 60603 |
| | City | | State | Zip Code |
| | Contact phane | 2120569704 | | |
| | Contact phone | 3122568704 | Email address | mspangler@semradlaw.com |
| | | | | |
| | Day accept as | | Illinoi | <u>s</u> |
| | Bar number | | State | |

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| Fill in this information to identify your case: | | | | | | | | |
|---|---------------------------|-------------|----------------------|--|--|--|--|--|
| Debtor 1 | Randi | | Jones | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois | | | | | |
| | | | (State) | | | | | |
| Case number (If known) | | | | | | | | |

| Check if this is an |
|---------------------|
| amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you own |
|---|--|
| 1. Schedule A/B: Property (Official Form 106A/B) | 40.00 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | \$0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$7,255.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$7,255.00 |
| art 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$1,300.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$0.00 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$40,498.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | |
| Your total liabilities | \$41,798.00 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) | |
| Copy your combined monthly income from line 12 of Schedule I | \$987.35 ———————————————————————————————————— |
| 5. Schedule J: Your Expenses (Official Form 106J) | \$1,180.00 |
| Copy your monthly expenses from line 22, Column A, of Schedule J | \$1,180 |

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| Debt | tor 1 Randi | | Jones | Case number (if known) | | |
|---------------|---|------------------------------|--|--|------------|--|
| | First Name | Middle Name | Last Name | | | |
| Part 4 | 4: Answer These Ques | stions for Administrat | ive and Statistical Records | | | |
| 6. A ı | re you filing for bankruptcy | under Chapters 7, 11, o | r 13? | | | |
| Г | No. You have nothing to r | eport on this part of the fo | rm. Check this box and submit th | is form to the court with your other so | chedules. | |
| _ [| Yes. | | | | | |
| 7 14 | | 0 | | | | |
| 7. W | hat kind of debt do you hav | | | | | |
| Ŀ | | | mer debts are those incurred by a Fill out lines 8-10 for statistical pur | n individual primarily for a personal, poses. 28 U.S.C. § 159. | | |
| Г | Your debts are not prim | arily consumer debts. Yo | ou have nothing to report on this p | part of the form. Check this box and s | ubmit | |
| | this form to the court with | your other schedules. | | | | |
| | From the <i>Statement of You</i> Form 122A-1 Line 11; OR , Fo | | e: Copy your total current monthlorm 122C-1 Line 14. | y income from Official | \$1,446.16 | |
| | | | | | | |
| 9. | Copy the following special | categories of claims fro | m Part 4, line 6 of Schedule E/ | F: | | |
| | From Part 4 on Schedule E/F, copy the following: | | | Total claim | | |
| | 9a. Domestic support obliga | tions (Copy line 6a.) | | \$0.00 | | |
| | 9b. Taxes and certain other of | debts you owe the govern | ment. (Copy line 6b.) | \$0.00 | | |
| | 9c. Claims for death or person | nal injury while you were i | ntoxicated. (Copy line 6c.) | \$0.00 | | |
| | 9d. Student loans. (Copy line 6f.) | | | \$0.00 | | |
| | 9e. Obligations arising out or priority claims. (Copy line 6g | | or divorce that you did not report a | \$0.00 | - | |
| | . , , , , , , , | , | similar debts. (Copy line 6h.) | \$0.00 | | |
| | | | | | | |

\$0.00

9g. **Total.** Add lines 9a through 9f.

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| Fill in this | information to identify your o | ase: | | | | | |
|--|--|--|---------------------------------------|--|-----------------------|---|---|
| Debtor 1 | Randi | | | Jones | | | |
| Debtor 2 | First Name | Middle Na | ame | Last Name | | | |
| (Spouse, if fi | ling) First Name | Middle Na | ame | Last Name | | | |
| United Sta | ates Bankruptcy Court for the: | Northern | | District of Illinois | | | |
| Case num | ber | | | (State) | | | |
| Officia | I Form 106A/B | | | | | | Check if this is an amended filing |
| Sche | dule A/B: Prope | rty | | | | | 12/1 |
| category v responsibl write your | where you think it fits best. I e for supplying correct infor name and case number (if I | Be as complete an mation. If more sp known). Answer ev | nd accura pace is ne very quest | et only once. If an asset fits in mo ite as possible. If two married pe seded, attach a separate sheet to tion. her Real Estate You Own or | ople are o this fo | e filing together, both a rm. On the top of any a | re equally |
| 1. Do you | | quitable interest in | n any resi | idence, building, land, or similar | propert | y? | |
| | No. Go to Part 2 Yes. Where is the property? | | | | | | |
| 1.1 | Street address, if available, or | other description | Singl | the property? Check all that apply. le-family home ex or multi-unit building | | the amount of any secu | claims or exemptions. Put red claims on Schedule D: tims Secured by Property. |
| | | | Cond | dominium or cooperative ufactured or mobile home | | Current value of the entire property? | Current value of the portion you own? |
| | Number Street City State | Zip Code | | stment property eshare | | Describe the nature o interest (such as fee s the entireties, or a life | simple, tenancy by |
| | · | | one. Debt Debt | or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and another | eck | Check if this is co (see instructions) | mmunity property |
| | | | | formation you wish to add about | this ite | m. such as local | |
| | | | | identification number: | | | |
| If you | Street address, if available, or | | Single Duple Cond | the property? Check all that apply. le-family home ex or multi-unit building dominium or cooperative ufactured or mobile home | | the amount of any secu | claims or exemptions. Put red claims on Schedule D: ims Secured by Property. Current value of the portion you own? |
| | Number Street City State | Zip Code | | stment property eshare | | Describe the nature o interest (such as fee s the entireties, or a life | simple, tenancy by |
| | , | | Debt Debt Debt At lea | or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and another | | (see instructions) | mmunity property |

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| Debtor 1 | Randi First Name | Middle Name | Jones Last Name | Case numbe | r (if known) | |
|-------------|--|--|---|------------------|---|--|
| 1.3 Stre | et address, if available, or ot | | What is the property? Check all that Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | apply. | the amount of any secu | claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property. Current value of the portion you own? |
| Nun | nber Street State | Zip Code | Land Investment property Timeshare Other | | Describe the nature o interest (such as fee s the entireties, or a life | imple, tenancy by |
| | | | Who has an interest in the propert Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and ar Other information you wish to add property identification number: | nother | (see instructions) | mmunity property |
| | the dollar value of the po ve attached for Part 1. W | rtion you own for ite that number h | all of your entries from Part 1, incl nere. | uding any entrie | s for pages | |
| Do you ow | | equitable interes | t in any vehicles, whether they are also report it on Schedule G: Executo | - | - | |
| 3. Cars, va | | ility vehicles, motor | rcycles | | | |
| 3.1 | Make Model: Year: | Honda VTX 1300 2005 | Who has an interest in the proone. Debtor 1 only | perty? Check | the amount of any secu | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property. |
| | Approximate mileage: Other information: 2005 Honda VTX 1300 | 100000 | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a | | Current value of the entire property? \$2700.00 | Current value of the portion you own? \$2700.00 |
| 3.2 | Make Model: Year: Approximate mileage: | | Who has an interest in the proone. Debtor 1 only | perty? Check | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property. |
| | Other information: | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors at Check if this is community instructions) | | Current value of the entire property? | Current value of the portion you own? |

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| | Randi | | Jones | Case number | er (if known) | |
|------------|---|-----------------------|--|--|--|---|
| | First Name | Middle Name | Last Name | | | |
| 3.3 | Make | | Who has an interest in the p | property? Check | | claims or exemptions. Pu |
| | Model: | | one. | | | red claims on <i>Schedule I</i> aims Secured by Property. |
| | Year: Approximate mileage: | | Debtor 1 only | | Oreanois vino riave oia | ums decured by moperty. |
| | Approximate mileage. | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 on | ly | entire property? | portion you own? |
| | | | At least one of the debtors | and another | | |
| | | | Check if this is commun | ity property (see | | |
| | | | instructions) | | | |
| 3.4 | Make | | Who has an interest in the p | property? Check | Do not deduct secured | claims or exemptions. Pu |
| | Model: | | one. | | • | red claims on Schedule I |
| | Year: | | Debtor 1 only | | Creditors Who Have Cla | nims Secured by Property. |
| | Approximate mileage: | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 on | ly | entire property? | portion you own? |
| | | | At least one of the debtors | and another | | |
| | | | Check if this is commun | ity property (see | | |
| | | | instructions) | • • • • • | | |
| | mples: Boats, trailers, motors | • | er recreational vehicles, other ft, fishing vessels, snowmobiles, n | • | | |
| Exa | mples: Boats, trailers, motors No Yes | • | | notorcycle accessori | Do not deduct secured the amount of any secu | red claims on <i>Schedule</i> i |
| Exa | mples: Boats, trailers, motors No Yes Make Model: Year: | • | ft, fishing vessels, snowmobiles, n Who has an interest in the p | notorcycle accessori | Do not deduct secured the amount of any secu | red claims on <i>Schedule</i> i |
| Exa | mples: Boats, trailers, motors No Yes Make Model: | • | ft, fishing vessels, snowmobiles, n Who has an interest in the p one. | notorcycle accessori | Do not deduct secured the amount of any secu | red claims on <i>Schedule I</i> |
| Exa | mples: Boats, trailers, motors No Yes Make Model: Year: | • | ft, fishing vessels, snowmobiles, n Who has an interest in the p one. Debtor 1 only | notorcycle accessori | Do not deduct secured the amount of any secu Creditors Who Have Cla | claims or exemptions. Pured claims on <i>Schedule I</i> laims <i>Secured by Property</i> . Current value of the portion you own? |
| Exa | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: | • | Who has an interest in the pone. Debtor 1 only Debtor 2 only | notorcycle accessori property? Check | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule I hims Secured by Property. Current value of the |
| Exa | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: | • | Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on | property? Check by and another | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule I hims Secured by Property. Current value of the |
| 4.1 | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: | • | Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is commun | property? Check by and another ity property (see | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule I nims Secured by Property. Current value of the portion you own? |
| 4.1 | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: | • | Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is communinstructions) | property? Check by and another ity property (see | Do not deduct secured the amount of any secuce Creditors Who Have Classes Current value of the entire property? Do not deduct secured the amount of any secu | claims or Schedule Is imma Secured by Property. Current value of the portion you own? claims or exemptions. Pured claims on Schedule Is imma on Schedule Is |
| 4.1 | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: | • | Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is communinstructions) Who has an interest in the p | property? Check by and another ity property (see | Do not deduct secured the amount of any secuce Creditors Who Have Classes Current value of the entire property? Do not deduct secured the amount of any secu | claims or Schedule Is imma Secured by Property. Current value of the portion you own? claims or exemptions. Pured claims on Schedule Is imma on Schedule Is |
| 4.1 | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: | • | Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is commun instructions) Who has an interest in the pone. | property? Check by and another ity property (see | Do not deduct secured the amount of any secuce Creditors Who Have Classes Current value of the entire property? Do not deduct secured the amount of any secu | red claims on Schedule I hims Secured by Property. Current value of the |
| 4.1 | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: | • | Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is commun instructions) Who has an interest in the pone. Debtor 1 only | property? Check and another ity property (see | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Classifications | red claims on Schedule Is imms Secured by Property. Current value of the portion you own? claims or exemptions. Pured claims on Schedule Is imms Secured by Property. |
| 4.1 | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: | • | Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is communinstructions) Who has an interest in the pone. Debtor 1 only Debtor 2 only | property? Check and another ity property (see property? Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | red claims on Schedule Is aims Secured by Property. Current value of the portion you own? claims or exemptions. Pured claims on Schedule Is aims Secured by Property. Current value of the |
| 4.1 | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: | • | Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors One. Debtor 1 and Debtor 2 on At least one of the debtors one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Check if this is communing the pone. Check if this is communing the pone. Check if this is communing the pone. Check if this is communing the pone of the debtors Check if this is communication. | property? Check and another ity property (see property? Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | red claims on Schedule Is aims Secured by Property. Current value of the portion you own? claims or exemptions. Pured claims on Schedule Is aims Secured by Property. Current value of the |
| 4.1 4.2 | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: Other information: | s, personal watercraf | Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is communinstructions) Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors on the debtors of the debtors on the debtors on the debtors of the debtors on the debtors of the debtors on the debtors of the debtors on the debtors of th | property? Check and another ity property (see property? Check and another ity property (see | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property? | red claims on Schedule Is aims Secured by Property. Current value of the portion you own? claims or exemptions. Pured claims on Schedule Is aims Secured by Property. Current value of the |

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Debtor 1 Randi Jones Case number (if known) First Name Middle Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... two beds, one sectional \$1000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... used two tvs, two cellphones \$550.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... used clothing \$500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2050.00 for Part 3. Write that number here

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Debtor 1 Randi Jones Case number (if known) First Name Middle Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking account: Meta Bank \$5.00 \$0.00 17.2. Checking account: TCF Bank 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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| Deb | for 1 Handi First Name | Middle Name | Jones Lost Name | Case number (if known) | |
|-----|--|--|-----------------------------|--|--|
| 20. | | orate bonds and other negotial | Last Name | instruments | |
| | Negotiable instruments | include personal checks, cashiers' ents are those you cannot transfer | checks, promissory not | es, and money orders. | |
| | No No | ents are those you cannot transfer | to someone by signing | or delivering them. | |
| | Yes. Give specific | | | | |
| | information about them | Issuer name: | | | |
| | urom | | | | - |
| | | | | | |
| | | | | | |
| 21. | Retirement or pension Examples: Interests in If | | . thrift savings accounts | , or other pension or profit-sharing plans | |
| | ✓ No | | , amir caringo accounte | , e. e. e. peneren er prem en anng piane | |
| | Yes. List each | Type of account: | Institution name: | | |
| | account separately. | 401(k) or similar plan: | | | |
| | . , | Pension plan: | | | |
| | | IRA: | | | |
| | | Retirement account: | | | |
| | | Keogh: | | | |
| | | Additional account: | | | |
| | | Additional account: | | | |
| 22. | Security deposits and | | | | |
| | | d deposits you have made so that with landlords, prepaid rent, public | | | |
| | companies, or others | | La adita di sa sa sa sa | | |
| | ✓ No | | Institution name: | | |
| | Yes | Electric: | | | |
| | | Gas: | | | _ |
| | | Heating oil: | | | <u> </u> |
| | | Security deposit on rental unit: | | | |
| | | Prepaid rent: | | | _ |
| | | Telephone: | | | |
| | | Water: | | | _ |
| | | Rented furniture: | | | _ |
| | | Other: | | | _ |
| 23. | _ | or a periodic payment of money to | you, either for life or for | a number of years) | |
| | ✓ No | Issuer name and description: | | | |
| | Yes | · | | | |
| | | | | | |
| | | | | | |
| | | | | | <u>. </u> |

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| Dept | tor 1 Randi | Jones | Case number (if known) | |
|-------|--|---|---|--|
| 0.4 | | le Name Last Name | | |
| 24. | 26 U.S.C. §§ 530(b)(1), 529A(b), and 52 | ccount in a qualified ABLE program, or under 29(b)(1). | r a qualified state tuition program. | |
| | √ No | | | |
| | Institution name and description of the second seco | cription. Separately file the records of any interests | s.11 U.S.C. § 521(c): | |
| | | | | |
| | | | | |
| | | | | |
| 25. | Trusts, equitable or future interests in | n property (other than anything listed in line 1 | 1), and rights or powers | |
| | exercisable for your benefit | | | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| | | | | l |
| 26. | | le secrets, and other intellectual property sites, proceeds from royalties and licensing agreer | monte | |
| | | ntes, proceeds from royalities and ficensing agreen | mento | |
| | ✓ No Yes. Describe | | | |
| | | | | |
| 0.7 | lianna franchisa and alban ann | | | |
| 27. | Licenses, franchises, and other general Examples: Building permits, exclusive licenses. | rai intangibles enses, cooperative association holdings, liquor lic | censes, professional licenses | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| | _ | | | |
| Mor | ney or property owed to you? | | | Current value of the |
| 14101 | ncy of property owed to you. | | | Our crit value or the |
| | | | | portion you own? |
| | | | | Do not deduct secured |
| 28. | Tax refunds owed to you | | | |
| 28. | Tax refunds owed to you ☐ No | | | Do not deduct secured |
| 28. | | Projected 2017 EIC Refund | Federal: | Do not deduct secured |
| 28. | No Yes. Give specific information about them, including whether | Projected 2017 EIC Refund | | Do not deduct secured claims or exemptions. |
| 28. | No ✓ Yes. Give specific information | Projected 2017 EIC Refund | State: | Do not deduct secured claims or exemptions. \$2500.00 |
| | No Yes. Give specific information about them, including whether you already filed the returns and the tax years | Projected 2017 EIC Refund | | Do not deduct secured claims or exemptions. |
| | No Yes. Give specific information about them, including whether you already filed the returns and the tax years | Projected 2017 EIC Refund , spousal support, child support, maintenance, c | State: Local: | Do not deduct secured claims or exemptions. \$2500.00 \$0.00 |
| | No Yes. Give specific information about them, including whether you already filed the returns and the tax years | | State: Local: | Do not deduct secured claims or exemptions. \$2500.00 \$0.00 |
| | No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony | | State: Local: | Do not deduct secured claims or exemptions. \$2500.00 \$0.00 |
| | No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony | | State: Local: divorce settlement, property settlement | Do not deduct secured claims or exemptions. \$2500.00 \$0.00 \$0.00 |
| | No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony | | State: Local: divorce settlement, property settlement | Do not deduct secured claims or exemptions. \$2500.00 \$0.00 \$0.00 |
| | No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony | | State: Local: divorce settlement, property settlement Alimony: Maintenance: | Do not deduct secured claims or exemptions. \$2500.00 \$0.00 \$0.00 tt \$0.00 \$0.00 |
| | No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony | | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: | Do not deduct secured claims or exemptions. \$2500.00 \$0.00 \$0.00 tt \$0.00 \$0.00 \$0.00 |
| 29. | No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony No Yes. Give specific information | , spousal support, child support, maintenance, c | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | Do not deduct secured claims or exemptions. \$2500.00 \$0.00 \$0.00 tt \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Yes. Give specific information about them, including whether you already filed the returns and the tax years | y, spousal support, child support, maintenance, c | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | Do not deduct secured claims or exemptions. \$2500.00 \$0.00 \$0.00 tt \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony No Yes. Give specific information Other amounts someone owes you Examples: Unpaid wages, disability insura Social Security benefits; unpaid | , spousal support, child support, maintenance, c | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | Do not deduct secured claims or exemptions. \$2500.00 \$0.00 \$0.00 tt \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Yes. Give specific information about them, including whether you already filed the returns and the tax years | y, spousal support, child support, maintenance, c | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | Do not deduct secured claims or exemptions. \$2500.00 \$0.00 \$0.00 tt \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony No Yes. Give specific information Other amounts someone owes you Examples: Unpaid wages, disability insura Social Security benefits; unpaid | y, spousal support, child support, maintenance, c | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | Do not deduct secured claims or exemptions. \$2500.00 \$0.00 \$0.00 tt \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb ¹ | or 1 Randi | Jones | Case number (if known) | |
|------------------|---|---------------------------------------|---|--|
| | First Name Middle Name | Last Name | | |
| 31. | Interests in insurance policies Examples: Health, disability, or life insurance; hea | alth savings account (HSA); credit, h | omeowner's, or renter's insurance | |
| | Yes. Name the insurance company of each policy and list its value | Company name: | Beneficiary: | Surrender or refund value: |
| 32. | Any interest in property that is due you from If you are the beneficiary of a living trust, expect property because someone has died. | | y, or are currently entitled to receive | |
| | ✓ No Yes. Describe | | | |
| 33. | Claims against third parties, whether or not Examples: Accidents, employment disputes, inst | | a demand for payment | |
| | ✓ No Yes. Describe | | | |
| 34. | Other contingent and unliquidated claims of to set off claims | every nature, including countered | claims of the debtor and rights | |
| | □ Na | | | |
| | Yes. Describe | | | |
| 35. | Any financial assets you did not already list | | | |
| | Ves. Describe | | | |
| 36. | Add the dollar value of all of your entries from | | | \$2505.00 |
| Dort | Deparibe Any Rusiness Related Bro | marty Vay Own ar Haya an I | nterest In. List any real estate in Part 1 | |
| Part | • | · · | | l. |
| 37. | Do you own or have any legal or equitable in | terest in any business-related pr | | |
| | No. Go to Part 6. Yes. Go to line 38. | | po Do | rrent value of the rtion you own? not deduct secured claims exemptions |
| 38. | Accounts receivable or commissions you alr | eady earned | | |
| | No Yes. Describe | | | |
| 39. | Office equipment, furnishings, and supplies Examples: Business-related computers, software | e, modems, printers, copiers, fax ma | achines, rugs, telephones, desks, chairs, electro | onic devices |
| | Ves. Describe | | | |
| | | | | |

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| Deb | tor 1 Randi | | Case number (if known) | |
|--------|-----------------------------|---|------------------------------|---------------------------------------|
| ı | First Name | Middle Name Last Name | | |
| 40. | Machinery, fixtures, equ | ipment, supplies you use in business, and tools of your trade | | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| | | | | |
| | | | | |
| 41. | Inventory | | | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| | Tes. Describe | | | |
| | | | | |
| 42. | Interests in partnerships | s or joint ventures | | |
| | | • | | |
| | | Name of entity: | % of ownership: | |
| | Yes. Give specific | · | · | |
| | information about them | | | |
| | | | | |
| | | | | <u> </u> |
| | | | | _ |
| 43. (| Customer lists, mailing lis | sts, or other compilations | | |
| | ✓ No | | | |
| | Yes. Do your lists incl | ude personally identifiable information (as defined in 11 U.S.C. § 10 | 1(41A))? | |
| | - | | | |
| | ☐ No | | | |
| | Yes. Describe | э | | |
| | | | | |
| 44. | Any business-related pro | operty you did not already list | | |
| | ✓ No | | | |
| | Yes. Give specific | | | |
| | information | | | |
| | | | | |
| | | | | |
| | | | | <u> </u> |
| | | | | |
| | | | | - |
| | | | | <u> </u> |
| | | | | |
| | | of your entries from Part 5, including any entries for pages you | | |
| for Pa | art 5. Write that number I | nere | | |
| Davi | Describe Any Fari | m- and Commercial Fishing-Related Property You Ow | n or Have an Interest In. | |
| Part | If you own or have an in | terest in farmland, list it in Part 1. | in or ridge dir mitoroot iii | |
| 46 | De veu eure er beve env | legal or equitable interest in any farm- or commercial fishing- | voloted average of | |
| 46. | Do you own or have any | regal or equitable interest in any larm- or commercial lishing- | related property? | Commant value of the |
| | No. Go to Part 7. | | | Current value of the portion you own? |
| | Yes. Go to line 47. | | | Do not deduct secured claims |
| | | | | or exemptions |
| 47. | Farm animals | | | |
| | Examples: Livestock, pou | ltry, farm-raised fish | | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| | | | | |
| | | | | |

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| Debt | or 1 Randi | dalla Nama | Jones | Case number (if known) | |
|--------------|---|-----------------------|---------------------------|------------------------------|-------------|
| | | ddle Name | Last Name | | |
| 48. | Crops-either growing or harvested | | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 49. | Farm and fishing equipment, implem | ents machinery fiv | tures and tools of trade | | |
| 43. | _ | ents, macimiery, nx | tures, and tools of trade | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 50. | Farm and fishing supplies, chemicals | s, and feed | | | |
| | No. | | | | |
| | Yes. Describe | | | | |
| | Li Test Beschies | | | | |
| | | | | ' | |
| 51. | Any farm- and commercial fishing-re | lated property you o | lid not already list | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| | | | | г | |
| | dd the dollar value of all of your entrie | • | | - | |
| for Pa ▶ | art 6. Write that number here | | | | |
| | | | | | |
| | | | | | |
| Part 1 | 7: Describe All Property You O | wn or Have an Int | erest in That You Did | Not List Above | |
| 53. | Do you have other property of any kin | | | | |
| | Examples: Season tickets, country club | | • | | |
| | ✓ No | | | | |
| | Yes. Give specific | | | | |
| | information | | | | |
| | | | | | |
| | | | | | |
| 54. A | dd the dollar value of all of your entric | es from Part 7. Write | that number here | | • |
| | - | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | List the Tatala of Fools Door | . f. H.: | | | |
| Part | List the Totals of Each Part of | T this Form | | | |
| 55. F | Part 1: Total real estate, line 2 | | | > | |
| | · | | | | |
| 56. r | oart 2 total vehicles, line 5 | | \$2700.00 | | |
| 57. P | art 3: Total personal and household it | tems, line 15 | | _ | |
| | • | ., | \$2050.00 | _ | |
| 58. P | art 4: Total financial assets, line 36 | | \$2505.00 | <u> </u> | |
| 59. F | Part 5: Total business-related propert | y, line 45 | | | |
| 60. F | Part 6: Total farm- and fishing-related | property, line 52 | | _ | |
| 61. F | Part 7: Total other property not listed, | . line 54 | | _ | |
| | | | | | |
| 62. 1 | Fotal personal property. Add lines 56 th | rough 61 | .···· <u>\$7255.00</u> | | + \$7255.00 |
| | | | | Copy personal property total | |
| | | | | | \$7255.00 |
| 63. T | otal of all property on Schedule A/B. | Add line 55 + line 62 | | | |

| | | Case 18-10280 | Doc 1 Filed 0 Docui | | 9/18 13:28:26 | Desc Main |
|-----------------------------------|--|--|---|--|---|---|
| Fill | in this inforr | nation to identify your case: | | | | |
| Deb | otor 1 | Randi First Name | Middle Name | Jones Last Name | | |
| | otor 2 use, if filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States B | ankruptcy Court for the: North | ern D | istrict of Illinois | | |
| Cas | e number | | | (State) | | |
| (If kn | | | | _ | | |
| \bigcap f | ficial | Form 106C | | | | Check if this is an amended filing |
| <u>UI</u> | iiCiai i | OIIII 100C | | | | |
| Sc | hedule | C: The Property | You Claim a | s Exempt | | 04/16 |
| stat the tax- und you | e a specif amount o exempt re er a law t r exempti | ic dollar amount as exem f any applicable statutory etirement funds—may be | ot. Alternatively, you limit. Some exempt unlimited in dollar a o a particular dollar applicable statutor | pecify the amount of the exe may claim the full fair mark ions—such as those for healt mount. However, if you clain amount and the value of the y amount. | et value of the prop th aids, rights to rec n an exemption of 1 | erty being exempted up to eive certain benefits, and 00% of fair market value |
| 1. | | | - | en if your spouse is filing with you. | | |
| | | re claiming state and federal i | | | | |
| | You a | re claiming federal exemption | s. 11 U.S.C. § 522(b)(2 | 2) | | |
| 2. | For any p | operty you list on Schedule A | /B that you claim as e | xempt, fill in the information belo | w. | |
| | | ription of the property and hedule A/B that lists this | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you conclude the control of the exemption of the exemption you conclude the control of the exemption you conclude the control of the exemption you control of the exem | · | ic laws that allow exemption |
| | Brief description | | \$5.00 | | | 735 ILCS 5/12-1001(b) |

No Yes

Checking account, Meta

Checking account, TCF

3. Are you claiming a homestead exemption of more than \$160,375?

Bank

Line from Schedule A/B:

description:

Line from Schedule A/B:

Bank

100% of fair market value, up to any

\$0

100% of fair market value, up to any

applicable statutory limit

applicable statutory limit

\$0.00

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

V

735 ILCS 5/12-1001(b)

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Debtor 1 Randi Jones Case number (if known) First Name Middle Name Last Name **Additional Page** Part 2: Brief description of the property and Current value of Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B 735 ILCS 5/12-1001(c); 735 ILCS Brief \$2,700.00 5/12-1001(b) description: \checkmark \$2,400.00; \$300.00 Honda VTX 1300, 2005, 100% of fair market value, up to any 2005 Honda VTX 1300 applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$1,000.00 description: $\overline{}$ \$0 two beds, one sectional 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) \$550.00 description: $\overline{}$ \$550.00 used two tvs, two 100% of fair market value, up to any cellphones applicable statutory limit Line from Schedule A/B: Brief 735 ILCS 5/12-1001(a) \$500.00 description: $\overline{}$ \$500.00 used clothing 100% of fair market value, up to any I ine from applicable statutory limit Schedule A/B:

\$2,500.00

✓

\$2,500.00

100% of fair market value, up to any

applicable statutory limit

description:

Line from Schedule A/B:

EIC Refund

Federal, Projected 2017

28

735 ILCS 5/12-1001(g)(1)

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| | | | 50 | rago 22 or | | | |
|------------------|------------------------|---|---------------------------|--|--|---|--------------------------------------|
| Fill in | this infor | mation to identify your cas | se: | | | | |
| Debto | or 1 | Randi | | Jones | | | |
| | | First Name | Middle Name | Last Name | | | |
| Debto | or 2 se, if filing) | First Name | Middle Name | Last Name | | | |
| l | | | | | | | |
| United | d States E | Sankruptcy Court for the: | Northern | District of Illinois (State) | | | |
| Case (If know | number vn) | | | (State) | | | |
| Off | icial | Form 106D | | | | | Check if this is a amended filing |
| Scl | hedu | le D: Credito | ors Who Ha | ve Claims Secure | ed by Prop | erty | 12/1 |
| more | space is | - | | le are filing together, both are equ mber the entries, and attach it to t | • | | |
| 1. I | Do any d | reditors have claims se | cured by your proper | ty? | | | |
| Ī | No. 0 | Check this box and subm | it this form to the court | with your other schedules. You have | e nothing else to repo | ort on this form. | |
| i | ✓ Yes. | Fill in all of the information | below. | | | | |
| Part | 1: List | All Secured Claims | | | | | |
| 2. | List all | secured claims. If a credite | or has more than one se | cured claim, list the creditor | Column A | Column B | Column C |
| | • | | • | rticular claim, list the other creditors order according to the creditor's | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 | Aaron's | | December the more cut- | . that are some a than a latine. | \$1,300.00 | \$1,000.00 | \$300.00 |
| | Creditor's | | two beds, one sections | that secures the claim: | | | |
| | Numb | c 102746 er Street | | e, the claim is: Check all that apply. | | | |
| | - | | Contingent | | | | |
| | Atlanta | | Unliquidated | | | | |
| | City Who ow | State ZIP Code ves the debt? Check one. | Disputed | | | | |
| | | otor 1 only | Nature of lien. Check | all that apply. | | | |
| | Deb | otor 2 only | | made (such as mortgage or secured | | | |
| | Deb | otor 1 and Debtor 2 only | car loan) | n as tax lien, mechanic's lien) | | | |
| | | east one of the debtors another | Judgment lien from | · | | | |
| | Che | eck if this claim relates a community debt | Other (including a | | | | |
| | Date de incurre | ebt was | Last 4 digits of accou | int number | | | |

Add the dollar value of your entries in Column A on this page. Write that number

here:

\$1,300.00

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| Fill i | n this inforr | nation to identify your c | ase: | | | | | |
|---|--|---|--|---|--|--|--|--|
| Deb | tor 1 | Randi First Name | Middle Name | Jones Last Name | | | | |
| Dob | tor 2 | FIIST Name | Wildule Name | Last Name | | | | |
| | use, if filing) | First Name | Middle Name | Last Name | | | | |
| Unit | ed States B | ankruptcy Court for the: | Northern | _ District of Illinois (State) | | | | |
| Cas (If knd | e number own) | | | (Otato) | | | | |
| Off | icial Fo | orm 106E/F | | | | Che | ck if this is an | amended filing |
| Sc | hedu | le E/F: Cre | ditors Who | Have Unse | cured Claims | | | 12/15 |
| other Form clain the e know | r party to a 1 106A/B) a ns that are entries in th n). | ny executory contracts ind on Schedule G: Exe listed in Schedule D: C ne boxes on the left. At | s or unexpired leases that cutory Contracts and Une reditors Who Hold Claims | could result in a clain expired Leases (Officia Secured by Property. | ms and Part 2 for creditors wit 1. Also list executory contracts I Form 106G). Do not include a If more space is needed, copy 2 top of any additional pages, v | on <i>Schedu</i> ny creditor the Part yo | <i>ile A/B: Prop</i> s with partia ou need, fill i | perty (Official ally secured t out, number |
| 1. | - | editors have priority un Go to Part 2. | secured claims against y | ou? | | | | |
| 2. | listed, iden As much a Continuati | tify what type of claim it as possible, list the claims on Page of Part 1. If mor | is. If a claim has both priorit | y and nonpriority amour ding to the creditor's nar particular claim, list the c | | both priority | and nonprior | rity amounts. |
| | | | | | | Total claim | Priority amount | Nonpriority amount |

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| \$. De any creditors have nonpriority unsecured claims against you? No. You have northing to prept in this part. Submit this form to the court with your other schedules. | Debte | or 1 | Randi Jone | | |
|--|--------|------------|--|---|---------------------------------------|
| So any products have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. You have nothing to report in this part. Submit this form to the court with your other schedules. You have nothing to report in this part. Submit this form to the court with your other schedules. You have not the control of the creditor who holds each claim. If a creditor has more than one priority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claims in surf has not the control of the creditor of the creditor of the creditor of the creditor in Fart 3.1 you have note than four priority unsecured claims in our her control of the control | Dowl | ٥. | | Name | |
| No. You have nothing to report in this part. Submit this form to the court with your other schedules. | | | | ,2 | |
| unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim is. Do not list claims already included in 18. June or enterior holds a particular claim. Is the other creditors in Part 3. If you have more than four priority unsecured claims 18 out the Continuation Page of Part 2. AUTOMOTIVE CREDIT CORP | [| | No. You have nothing to report in this part. Submit this form | | |
| Last 4 digits of account number | l I | uns f m | ecured claim, list the creditor separately for each claim. For each clore than one creditor holds a particular claim, list the other credito | claim listed, identify what type of claim it is. Do not list claims already inc | cluded in Part 1. the Continuation |
| Nonprotecty Creditor's Name P.O. Box 22895 Whan was the dobt incurred? 22013 As of the date you file, the claim is: Check all that apply. | _ | | | | |
| Southfield Michigan 48037 City State Zp Code Who incurred the debt? Check one. Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 5 Name Debtor 5 Name Debtor 5 Name Debtor 5 Name Debtor 6 Name Debtor 7 Name Debtor 1 Name Debtor 8 Name Debtor 8 Name Debtor 8 Name Debtor 8 Name Debtor 9 Name De | 4.1 | N | onpriority Creditor's Name | <u>———</u> | \$11,675.00 |
| Southfield Michigan 48037 City State Zip Code Who Incurred the debt? Check one. Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 beat one of the debtors and another Debtor 5 only Debtor 4 on fisher 5 on a community debt is the claim subject to offset? Vec | | N | umber Street | As of the date you file, the claim is: Check all that apply. | |
| City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Only Only Only Only Only Only Only O | | Sc | outhfield Michigan 48037 | Contingent | |
| Debtor 1 only | | C | ity State Zip Code | | |
| Debtor 2 only | | W | | | |
| Debtor 1 and Debtor 2 only | | F | Debtor 2 only | <u> </u> | |
| At least one of the debtors and another Check if this claim relates to a community debt Ch | | Ļ | Debtor 1 and Debtor 2 only | | |
| Check if this claim relates to a community debt st the claim subject to offset? Other. Specify | | Ē | At least one of the debtors and another | divorce that you did not report as priority claims | |
| Yes Yes Street Sankruptcy Section Street Sankruptcy Section Street Sankruptcy Section Oakbrook Terrace Illinois 60181 Other Specify Oakbrook Terrace Illinois Oakbrook Terrace Oakbrook Terrace Illinois Oakbrook Terrace Illinois Oakbrook Terrace | | Ē | Check if this claim relates to a community debt | | |
| ComEd Last 4 digits of account number S400.00 | | Is | the claim subject to offset? | Other. Specify066 Automobile | |
| Last 4 digits of account number \$400.00 | | Ŀ | | | |
| Nonpriority Creditor's Name Street Street Sankruptory Section | | Ļ | | | |
| As of the date you file, the claim is: Check all that apply. Contingent | 4.2 | _ | | Last 4 digits of account number | \$400.00 |
| As of the date you file, the claim is: Check all that apply. Oakbrook Terace Illinois 60181 Uniquidated Disputed | | _ | | When was the debt incurred?n/a | |
| Oakbrook Terrace Illinois 60181 | | | | | |
| Disputed | | | | | |
| Who incurred the debt? Check one. Debtor 1 only | | _ | | <u> </u> | |
| Debtor 1 of Inity Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 offset? Debts to pension or profit-sharing plans, and other similar debts to pensio | | | /ho incurred the debt? Check one. | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes 4.3 COMMONWEALTH FINANCIAL Number Street Scranton Pennsylvania 18519 City State Zip Code Who incurred the debt? Check one. Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? Who incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Other. Specify due Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Debtor 1 offset? No Other. Specify PAYMENT DATA Debtor 1 At least one of the debtors and another Check if this Claim relates to a community debt Debtor 1 DATA Debtor 1 DATA Debtor 2 Officine for ORIGINAL CREDITOR: MEDICAL PAYMENT DATA | | Ŀ | <u>'</u> | <u></u> | |
| At least one of the debtors and another | | Ļ | _ | | |
| Check if this claim relates to a community debt Is the claim subject to offset? ✓ No | | F | <u> </u> | | |
| Is the claim subject to offset? V No | | F | | debts | |
| Yes | | L Is | - | Other. Specify | |
| 4.3 COMMONWEALTH FINANCIAL Nonpriority Creditor's Name 245 Main St Number Street As of the date you file, the claim is: Check all that apply. Contingent Co | | V | - | | |
| Nonpriority Creditor's Name 245 Main St Number Street As of the date you file, the claim is: Check all that apply. Contingent Contingent Unliquidated Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No When was the debt incurred? As of the date you file, the claim is: Check all that apply. Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts O11 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | | | Yes | | |
| Street Street As of the date you file, the claim is: Check all that apply. | 4.3 | | | Last 4 digits of account number 00N1 | \$464.00 |
| As of the date you file, the claim is: Check all that apply. Contingent City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify PAYMENT DATA | | 24 | 45 Main St | When was the debt incurred?10/2014 | |
| Scranton Pennsylvania 18519 City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No No Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Onli Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | | N | umber Street | As of the date you file, the claim is: Check all that apply. | |
| City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? ✓ No City State Zip Code Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Onl Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | | 9 | cranton Ponneylyania 19510 | Contingent | |
| ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: ☐ Debtor 2 only Student loans ☐ Debtor 1 and Debtor 2 only ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim relates to a community debt ☐ Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ✓ ON1 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | | C | ity State Zip Code | | |
| Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No No Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Onl Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | | | T Dahtand ank | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts O11 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | | | | <u></u> | |
| At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Onl Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | | F | Debtor 1 and Debtor 2 only | | |
| Check if this claim relates to a community debt debts | | Ē | At least one of the debtors and another | divorce that you did not report as priority claims | |
| Is the claim subject to offset? No Other. Specify PayMENT DATA | | Ē | Check if this claim relates to a community debt | | |
| Other. Specify PAYMENT DATA | | ls | the claim subject to offset? | 001 Collection; Collecting for | |
| | | <u>-</u> | ☑ No ☑ Yes | | |

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 Debtor 1 First Name
 Randi
 Jones
 Case number (if known)

 Last Name
 Last Name

| Part 2 | Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page | | | | | |
|--------|---|---|-------------|--|--|--|
| | After listing any entries on this page, number them beginning w | rith 4.5, followed by 4.6, and so forth. | Total claim | | | |
| 4.4 | COMNWLTH FIN Nonpriority Creditor's Name 960 N MAIN STREET Number Street | Last 4 digits of account number 96N1 When was the debt incurred? 10/2014 As of the date you file, the claim is: Check all that apply. | \$310.00 | | | |
| | SCRANTON Pennsylvania 18508 City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? ✓ No Yes | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Collection; Collecting for Other. Specify ORIGINAL CREDITOR: MEDICAL | | | | |
| 4.5 | CONVERGENT OUTSOURCING Nonpriority Creditor's Name 10750 HAMMERLY BLVD #200 Number Street Houston Texas 77043 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? Yes | Last 4 digits of account number 5706 When was the debt incurred? 12/2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 001 Collection; Collecting for ORIGINAL CREDITOR: Other. Specify COMCAST | \$1,264.00 | | | |
| 4.6 | CREDIT ACCEPTANCE Nonpriority Creditor's Name PO BOX 513 Number Street Southfield Michigan 48037 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes | Last 4 digits of account number When was the debt incurred? | \$13,000.00 | | | |

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 Debtor 1 First Name
 Randi
 Jones
 Case number (if known)

 Last Name
 Last Name

| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation | n Page | |
|--------|--|--|-------------|
| | After listing any entries on this page, number them beginning w | ith 4.5, followed by 4.6, and so forth. | Total claim |
| 4.7 | CREDITONEBNK Nonpriority Creditor's Name PO BOX 98872 Number Street | Last 4 digits of account number 2522 When was the debt incurred? 8/2016 As of the date you file, the claim is: Check all that apply. | \$595.00 |
| | LAS VEGAS Nevada 89193 City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? ✓ No Yes | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard | |
| 4.8 | I C SYSTEM INC Nonpriority Creditor's Name PO BOX 64378 Number Street SAINT PAUL Minnesota 55164 City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? ✓ No Yes | Heat 4 digits of account number 9001 When was the debt incurred? 3/2015 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | \$11,890.00 |
| 4.9 | People's Gas Nonpriority Creditor's Name 130 E. Randolph Drive Number Street Chicago Illinois 60601 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes | Last 4 digits of account number When was the debt incurred? | \$400.00 |

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| Debtor | 1 Randi | | | Jones | Case number (if known) | |
|---------|--|--------------------|-------------------|--------------------|---|------------|
| | First Name | Middle I | Name | Last Name | | |
| Part 2: | Your NONPRIOR | ITY Unsecured | l Claims - Contir | nuation Page | | |
| | After listing any entri | es on this page, i | number them begi | nning with 4.5, fo | ollowed by 4.6, and so forth. | otal claim |
| 4.10 | PLS Financial Services, Nonpriority Creditor's N One South Wacker Driv Number Str | lame | | When w | digits of account number n/a was the debt incurred? n/a he date you file, the claim is: Check all that apply. | \$500.00 |
| | Chicago City Who incurred the deb | Illinois State | 60606 Zip Code | Un | ontingent nliquidated sputed | |
| | Debtor 2 only | TE Officer office. | | | of NONPRIORITY unsecured claim: udent loans | |
| | Debtor 1 and Debtor | or 2 only | | | oligations arising out of a separation agreement or vorce that you did not report as priority claims | |
| | At least one of the | debtors and anoth | ner | | ebts to pension or profit-sharing plans, and other similar | |
| | Check if this clair | | mmunity debt | | her. Specify payday loan | |
| | Is the claim subject to | o offset? | | | | |
| | ✓ No | | | | | |
| | _ | 0 0110011 | | | | |

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Debtor 1 Randi Jones Case number (if known) First Name Middle Name Last Name

| Part 4: Add th | Part 4: Add the Amounts for Each Type of Unsecured Claim | | | | | |
|--------------------------|---|-----|--------------|--|--|--|
| | Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. | | | | | |
| | | | Total claims | | | |
| Total claims from Part 1 | 6a. Domestic support obligations. | 6a. | \$0.00 | | | |
| | 6b. Taxes and certain other debts you owe the government | | \$0.00 | | | |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 | | | |
| | 6d. Other. Add all other priority unsecured claims. Write that | 6d. | \$0.00 | | | |
| | amount here. 6e. Total. Add lines 6a through 6d. | 6e. | \$0.00 | | | |
| | | | Total claims | | | |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$0.00 | | | |
| nom rait 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | \$0.00 | | | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 | | | |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$40,498.00 | | | |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$40,498.00 | | | |

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| Fill in this information to identify your case: | | | | |
|---|---------------------------|-------------|----------------------|----------|
| Debtor 1 | Randi | | Jones | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | <u>.</u> |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois | |
| | | | (State) | |
| Case number | | | | |
| (If known) | | | | |

Official Form 106G

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| | | DC | reallient rage | 30 01 00 |
|---------------------------------|--------------------------|--|--------------------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Randi | | Jones | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the | : Northern | District of Illinois | |
| | , , | | (State) | |
| Case number (If known) | | | | |
| | | | | Check if this is an |
| Ott: -; -1 | Causa 10011 | | | amended filing |
| Omciai | Form 106H | | | |
| Schedul | e H: Your Co | debtors | | 12/15 |
| Codebtors are | people or entities who | o are also liable for any de | bts you may have. Be as c | omplete and accurate as possible. If two married people are |
| known). Answe | er every question. | Attach the Additional Page you are filing a joint case, do | · · | of any Additional Pages, write your name and case number (if |
| ✓ No ☐ Yes | to any coadatoror (iii | you are mining a joint oace, as | The time during operate as a c | |
| | | u lived in a community pro exico, Puerto Rico, Texas, W | | Community property states and territories include Arizona, California, |
| ✓ No. | Go to line 3. | | | |
| Yes. | Did your spouse, form | ner spouse, or legal equiva | lent live with you at the tim | e? |
| | No | | | |
| | Yes. In which commur | nity state or territory did you | u live? | _ Fill in the name and current address of that person. |
| | Name of your spouse | , former spouse, or legal equ | ivalent | |
| | Number Street | | | _ |
| | City | State | Zip Code | _ |
| again as a | a codebtor only if that | person is a guarantor or o | osigner. Make sure you h | our spouse is filing with you. List the person shown in line 2 are listed the creditor on Schedule D (Official Form 106D), tale D, Schedule E/F, or Schedule G to fill out Column 2. |

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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| Fill in this in | formation to identify | your case: | | | | |
|--------------------------------|---|--|-------------------------|------------------|--------------------|--|
| Debtor 1 | Randi | | Jones | | | |
| | First Name | Middle Name | Last Na | ame | - Che | eck if this is: |
| Debtor 2 (Spouse, if filing | Eirot Nomo | Middle Name | l cat Ni- | amo | | An amended filing |
| | | Middle Name | Last Na | - | | A supplement showing post-petition chapter 1 |
| United States the: | Bankruptcy Court for | Northern | District of Illin | | | expenses as of the following date: |
| Case number | | | (3) | tate) | | |
| (If known) | | | | | | MM / DD / YYYY |
| Official | Form 106I | | | | | |
| Schedu | le I: Your In | come | | | | 12/1 |
| spouse. If mo number (if kr | | , attach a separate she y question. | | _ | - | not include information about your ional pages, write your name and case |
| - | ır employment | | Debtor 1 | | | Debtor 2 |
| informati | on. | Employment status | ✓ Employ | und | | Employed |
| | ve more than one job, separate page with | | Not Employed | | | Not Employed |
| informatio | n about additional | Писк | | .,, | | |
| employers | | Occupation | worker | | | · · |
| Include pa self-emplo | art time, seasonal, or byed work. | Employer's name | UPS | | | |
| · | n may include student | Employer's address | | e Parkway, NE | | _ |
| | aker, if it applies. | | Number Stre | eet | | Number Street |
| | | | | | | |
| | | | Atlanta City | Georgia State | 30328 Zip Code | City State Zip Code |
| | | | 7 months | Oldio | p | o.i., o.a.o <u></u> ,p oodo |
| | | How long employed there? | 7 1110111110 | | | |
| Part 2: Giv | ∕e Details About N | Nonthly Income | | | | |
| Estimate m | onthly income as of t | he date you file this forn | n. If you have r | nothing to repo | rt for any line, v | write \$0 in the space. Include your non-filing |
| - | ss you are separated. | | | | - | |
| | r non-filing spouse have attach a separate she | | combine the i | | | or that person on the lines below. If you need For Debtor 2 or |
| | | | | For D | ebtor 1 | non-filing spouse |
| | | ary, and commissions (before a calculate what the monthly before a calculate which is the calculate whic | | 2. | \$1,175.59 | |
| 3. Estimat | e and list monthly over | rtime pay. | | 3. | + \$0.00 | |
| 4. Calcula | te gross income. Add li | ne 2 + line 3. | | 4. | \$1,175.59 | |
| | | | | | | |

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| Debtor 1 Randi First Name | | nes st Name | Case number | | |
|---|--|-------------------|------------------------|-----------------------------------|---------------------------------------|
| FIISTName | Midule Name La: | st Name | known) For Debtor 1 | For Debtor 2 or non-filing spouse | |
| Copy line 4 here | | → 4. | \$1,175.59 | | |
| 5. List all payroll deductions: | | | | | |
| 5a. Tax, Medicare, and Social S | Security deductions | 5a. | \$148.16 | | |
| 5b. Mandatory contributions fo | • | 5b. | \$0.00 | | |
| 5c. Voluntary contributions for | • | 5c. | \$0.00 | | |
| 5d. Required repayments of ret | - | 5d. | \$0.00 | | |
| 5e. Insurance | | 5e. | \$0.00 | | |
| 5f. Domestic support obligation | 18 | 5f. | \$0.00 | | |
| 5g. Union dues | | 5g. | \$27.08 | | |
| 5h. Other deductions. Specify: | Charitable contributions | 5h. + | \$13.00 + | | |
| 6. Add the payroll deductions. Add +5h. | | | \$188.24 | | |
| 7. Calculate total monthly take-ho | ome pay. Subtract line 6 from line 4 | 7. | \$987.35 | | |
| 8. List all other income regularly r | eceived: | | | | |
| 8a. Net income from rental pro business, profession, or farm | n | | | | |
| | roperty and business showing ecessary business expenses, and | 8a. | \$0.00 | | |
| 8b. Interest and dividends | | 8b. | \$0.00 | | |
| 8c. Family support payments the dependent regularly receive | nat you, a non-filing spouse, or a | | | | |
| Include alimony, spousal sup divorce settlement, and prope | port, child support, maintenance, rty settlement. | 8c. | \$0.00 | | |
| 8d. Unemployment compensati | on | 8d. | \$0.00 | | |
| 8e. Social Security | | 8e. | \$0.00 | | |
| | ne value (if known) of any non- ve, such as food stamps (benefits | 8f. | \$0.00 | | |
| 8g. Pension or retirement inco | me | 8g. | \$0.00 | | |
| · · | cify: | | \$0.00 + | | |
| 9. Add all other income Add lines 8 | - · | | \$0.00 | | |
| 10. Calculate monthly income. Add Add the entries in line 10 for Debt | l line 7 + line 9. or 1 and Debtor 2 or non-filing spo | 10. use | \$987.35 + | | = \$987.35 |
| friends or relatives. | utions to the expenses that you I married partner, members of your hady included in lines 2-10 or amoun | ousehold, your | dependents, your roomm | | |
| Specify: | | | | | 11. + \$0.00 |
| 12. Add the amount in the last col Write that amount on the Summa | lumn of line 10 to the amount in ary of Schedules and Statistical Sum | | | | 12. \$987.35 Combined monthly income |
| 13. Do you expect an increase or o | decrease within the year after yo | ou file this form | ? | | |
| Yes. Explain: | | | | | |

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| | | Doc | ument Page 33 01 00 | | | |
|--|---|---|---|-----------------------|--------------------------------------|---------------|
| Fill in this infor | mation to identify | your case: | | | | |
| Debtor 1 | Randi | | Jones | | | |
| | First Name | Middle Name | Last Name | Check if this is: | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | An amended fili | ng | |
| United States I | | | | A supplement s | showing post-petition | on chapter 13 |
| United States i | Bankruptcy Court fo | or the: Northern | District of Illinois (State) | | the following date: | • |
| Case number (If known) | | | | MM / DD / YYY | | |
| (| | | | WIWI / DD / TTT | 1 | |
| Official | Form 106 | 3J | | | | |
| Schedul | e J: Your | — Fynenses | | | | 12/15 |
| Be as complet information. If (if known). Ans Part 1: Des 1. Is this a joi Ves. D 2. Do you have | e and accurate a more space is ne swer every question cribe Your Housint case? To to line 2 Tools Debtor 2 live | s possible. If two married people seded, attach another sheet to thion. Sehold | enses for Separate Household of Debte Dependent's relationship to Debtor 1 or Debtor 2 Child Child | I pages, write your r | Does depende with you? No. Yes. No. | |
| 3 Do your ex | penses include | | | | ✓ Yes. | |
| expenses of | f people other | ✓ No | | | | |
| than yourself an dependent | • | Yes | | | | |
| | | oing Monthly Expenses | | | | |
| Estimate you expenses as applicable da | r expenses as of y of a date after the ate. | our bankruptcy filing date unless | you are using this form as a supple pplemental Schedule J, check the | | - | he |
| | | uded it on Schedule I: Your Incom | , | | You | ır expenses |
| | I or home owners or the ground or lo | | nclude first mortgage payments and | | 4. | \$0.00 |
| | luded in line 4: | | | | | |
| | state taxes | | | | 4a _ | \$0.00 |
| | • | or renter's insurance | | | 4b | \$0.00 |
| 4c. Home | maintenance, repa | ir, and upkeep expenses | | 4c. | \$0.00 | |

4d.

\$0.00

4d. Homeowner's association or condominium dues

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 Debtor 1 First Name
 Randi
 Jones
 Case number (if known)

 Last Name
 Last Name

| I list Name Middle Name Last Name | | |
|---|------------|------------------|
| | | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. | \$0.00 |
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. | \$0.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$0.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$90.00 |
| 6d. Other. Specify: | 6d | \$0.00 |
| 7. Food and housekeeping supplies | 7. | \$600.00 |
| 8. Childcare and children's education costs | 8. | \$0.00 |
| 9. Clothing, laundry, and dry cleaning | 9. | \$100.00 |
| 10. Personal care products and services | 10. | \$100.00 |
| 11. Medical and dental expenses | 11. | \$75.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments | 12. | \$150.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$0.00 |
| 14. Charitable contributions and religious donations | 14. | \$0.00 |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a | \$0.00 |
| 15b. Health insurance | 15b | \$0.00 |
| 15c. Vehicle insurance | 15c | \$0.00 |
| 15d. Other insurance. Specify: | 15d | \$0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | |
| Specify: | 16 | \$0.00 |
| 17. Installment or lease payments: | 10 | |
| 17a. Car payments for Vehicle 1 | 17a | \$0.00 |
| 17b. Car payments for Vehicle 2 | 17b | \$0.00 |
| 17c. Other. Specify: _furniture loan | 17c | \$65.00 |
| 17d. Other. Specify: | 17d | \$0.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from | | \$0.00 |
| your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | |
| 19.Other payments you make to support others who do not live with you. | | |
| Specify: | 19. | \$0.00 |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property | 200 | \$0.00 |
| 20b. Real estate taxes. | 20a 20b | \$0.00 \$0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20b 20c | \$0.00 |
| 20d. Maintenance, repair, and upkeep expenses. | 20d | \$0.00 |
| 20e. Homeowner's association or condominium dues | | |
| 253. Temes man a december of confidential date | 20e | \$0.00 |

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| Debtor 1 | | | | Jones | Case number (if known) | | |
|-------------------|-----------|-----------------------|----------------------------|--|------------------------|-----|------------|
| | First Na | me | Middle Name | Last Name | | | |
| 21. Othe i | r. Specit | fy: | | | | 21 | \$0.00 |
| | | | | | | | |
| | • | our monthly expen | ses. | | | | \$1,180.00 |
| | | s 4 through 21. | | | \$0.00 | | |
| | | | ** | from Official Form 106J-2 | | | \$1,180.00 |
| 22c. A | Add line | 22a and 22b. The | result is your monthly exp | enses. | | 22. | |
| 23. Calc ı | ılate yo | our monthly net inc | come. | | | | |
| 23a. (| Copy lin | e 12 (your combine | d monthly income) from | Schedule I. | | 23a | \$987.35 |
| 23b. (| Сору ус | our monthly expense | es from line 22 above. | | | 23b | \$1,180.00 |
| | | | nses from your monthly i | ncome. | | | (\$192.65) |
| | The resi | ult is your monthly r | net income. | | | 23c | |
| 24. Do v o | ou expe | ect an increase or | decrease in vour expen | ses within the year after | vou file this form? | | |
| • | • | | | | | | |
| | | | | oan within the year or do yo nodification to the terms of | | | |
| | | ., | | | , | | |
| ✓ 1 | Мо | | | | | | |
| | es_ | | | | | | |
| | | Explain here: | | | | | |
| | | Explain fiele. | | | | | |
| | | | | | | | |
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| Fill in this information to identify your case: | | | | | |
|---|------------|-------------|------------------------------|--|--|
| Debtor 1 | Randi | | Jones | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois (State) | | |
| Case number (If known) | | | (State) | | |

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Pai | t 1: Sign Below | | | | |
|-----|--|--|--|--|--|
| | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | |
| | ☑ No | | | | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | |
| | | | | | |
| | | | | | |
| | Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | | | | |
| × | /s/ Randi Jones | × | | | |
| | Signature of Debtor 1 | Signature of Debtor 2 | | | |
| | Date 4/9/2018 | Date | | | |
| | MM/DD/YYYY | MM/DD/YYYY | | | |

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| Fill ir | n this inf | formation to identify your o | case: | | | | | |
|-----------------------|-------------------------------|---|---|--|-------------------------------|---------------|-------------------|-----------------------------------|
| Debt | tor 1 | Randi | | Jones | | | | |
| Debt | tor 2 | First Name | Middle N | ame Last Nai | me | | | |
| | use, if filing | First Name | Middle N | ame Last Na | me | | | |
| Unite | ed States | s Bankruptcy Court for the: | Northern | District of Illin | | | | |
| Case (If kno | e numbe | er | | (Sta | ate) | | | |
| Off | ficia | l Form 107 | | | | _ | | Check if this is a amended filing |
| Sta | item | ent of Financia | al Affairs fo | or Individuals | Filing for | Bankru | ptcy | 04/1 |
| Be as infor num | s comp mation ber (if k | olete and accurate as po n. If more space is needo known). Answer every q | essible. If two ma ed, attach a sepa uestion. | rried people are filing rate sheet to this forr | together, both and the top of | are equally i | responsible for s | |
| Part | Giv | ve Details About Your | Marital Status a | and Where You Live | d Before | | | |
| 1. | What | is your current marital st | atus? | | | | | |
| | | Married Not married | | | | | | |
| 2. | During | g the last 3 years, have ye | ou lived anywhere | other than where you l | ive now? | | | |
| | ΪΥ | lo 'es. List all of the places you Debtor 1: | ou lived in the last | 3 years. Do not include Dates Debtor 1 lived | where you live no | w. | | Dates Debtor 2 lived |
| | | | | there | | | | there |
| | | | | | Same as I | Debtor 1 | | Same as Debtor 1 |
| | N | lumber Street | | From | Number Street | t | | From To |
| | C | Dity State | Zip Code | | City | State | Zip Code | |
| | | | | | Same as I | Debtor 1 | | Same as Debtor 1 |
| | N | lumber Street | | From | Number Street | t | | From To |
| | C | Dity State | Zip Code | | City | State | Zip Code | |
| | and tem | the last 8 years, did you e itories include Arizona, Califo s. Make sure you fill out S | ornia, Idaho, Louisia | ana, Nevada, New Mexico | o, Puerto Rico, Texa | | | mmunity property states |

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| t 2: | First Name Middle | e Name Last N | Jame | | |
|------------------------------------|--|--|---|--|--|
| | | | | | |
| Did Fill in | you have any income from employmenthe total amount of income you receivities. If you are filing a joint case and you | ent or from operating a lived from all jobs and all bu | sinesses, including part-time | | years? |
| | No Yes. Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions an exclusions) |
| | om January 1 of current year until e date you filed for bankruptcy: | Wages, commissions, bonuses, tips Operating a business | \$2501.00 | Wages, commissions, bonuses, tips Operating a business | |
| | or last calendar year: anuary 1 to December 31, 2017) YYYY | Wages, commissions, bonuses, tips Operating a business | \$5733.00 | Wages, commissions, bonuses, tips Operating a business | |
| | or the calendar year before that: anuary 1 to December 31, 2016) YYYY | Wages, commissions, bonuses, tips Operating a business | \$10000.00 | Wages, commissions, bonuses, tips Operating a business | - |
| | | | | | |
| Inclu publi filing List 6 | you receive any other income during de income regardless of whether that is benefit payments; pensions; rental in a joint case and you have income that each source and the gross income from No Yes. Fill in the details. | ncome is taxable. Example: come; interest; dividends; you received together, list | s of other income are alimony; money collected from lawsuits it only once under Debtor 1. | ; royalties; and gambling and | |
| Inclu publi filing List 6 | de income regardless of whether that in the control of the control | ncome is taxable. Example: come; interest; dividends; you received together, list | s of other income are alimony; money collected from lawsuits it only once under Debtor 1. | ; royalties; and gambling and | |
| Inclu publi filing List 6 | de income regardless of whether that in the control of the control | ncome is taxable. Example come; interest; dividends; you received together, list n each source separately. D | s of other income are alimony; money collected from lawsuits it only once under Debtor 1. | ; royalties; and gambling and listed in line 4. | |
| Inclupubli filing List 6 | de income regardless of whether that in the control of the control | ncome is taxable. Example: come; interest; dividends; you received together, list in each source separately. Debtor 1 Sources of income | s of other income are alimony; money collected from lawsuits it only once under Debtor 1. On not include income that you Gross income from each source (before deductions | ; royalties; and gambling and listed in line 4. Debtor 2 Sources of income | Gross income from each source (before deductions are |
| Inclupubli filing List 6 | de income regardless of whether that in benefit payments; pensions; rental in a joint case and you have income that each source and the gross income from No Yes. Fill in the details. | ncome is taxable. Example: come; interest; dividends; you received together, list in each source separately. Debtor 1 Sources of income | s of other income are alimony; money collected from lawsuits it only once under Debtor 1. On not include income that you Gross income from each source (before deductions and exclusions) | ; royalties; and gambling and listed in line 4. Debtor 2 Sources of income | Gross income from each source (before deductions are |

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Debtor 1 Randi Jones Case number (if known) First Name Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Was this payment Dates of payment Total amount paid Amount you still owe for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Suppliers or Zip Code vendors Other

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| tor 1 Randi | | Jon | es | Case number | (if known) |
|--|--|--|---|---|--|
| First Name | Middle Name | Last | Name | | |
| | any general partners an officer, director, p siness you operate as | ; relatives of any goerson in control, o | eneral partners; part or owner of 20% or | nerships of which y more of their voting | |
| Yes. List all payments to | an insider. | | | | |
| | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| Insider's Name | | | | | |
| Number Street | | | | | |
| City State | Zip Code | | | | |
| Insider's Name | | | | | |
| Number Street | | | | | |
| City State | Zip Code | | | | |
| Within 1 year before you file insider? Include payments on debts go No Yes. List all payments the | uaranteed or cosigned | d by an insider. | | | n account of a debt that benefited an |
| | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| Insider's Name | | | | | |
| Number Street | | | | | |
| City State | Zip Code | | | | |
| Insider's Name | | | | | |
| Number Street | | | | | |
| City State | Zip Code | | | | |

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Debtor 1 Randi Jones Case number (if known) First Name Middle Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | or 1 | Randi | | Jones | Case number (if known | 1) | |
|------|----------|--|----------|---------------------------|--------------------------------|--------------------------|---------------------|
| | | First Name Middle Name | | Last Name | <u> </u> | | |
| 11. | | thin 90 days before you filed for bankruptcy, counts or refuse to make a payment because | | | bank or financial institution, | set off any amou | nts from your |
| | | No Yes. Fill in the details. | | | | | |
| | | | | Describe the action to | ne creditor took | Date action was taken | Amount |
| | | Creditor's Name | _ | | | | |
| | | Number Street | | | | | |
| | | | | Last 4 digits of account | number: XXXX- | | |
| | | City State Zip Code | | | | | |
| 12. | | hin 1 year before you filed for bankruptcy, w ointed receiver, a custodian, or another offi | | y of your property in the | possession of an assignee f | or the benefit of o | creditors, a court- |
| | ✓ | No | | | | | |
| | | Yes | | | | | |
| Part | 5: | List Certain Gifts and Contributions | | | | | |
| 13. | Wi⊤ | thin 2 years before you filed for bankruptcy, | did y | ou give any gifts with a | total value of more than \$60 | 0 per person? | |
| | Ė | Yes. Fill in the details for each gift. | | | | | |
| | | Gifts with a total value of more than \$600 per person | | Describe the gifts | | Dates you gave the gifts | Value |
| | | | | | | | |
| | | Person to Whom You Gave the Gift | <u> </u> | | | | |
| | | Number Street | | | | | |
| | | City State Zip Code | | | | | |
| | | Person's relationship to you | | | | | |
| | | Person to Whom You Gave the Gift | | | | | |
| | | Number Street | | | | | |
| | | City State Zip Code Person's relationship to you | | | | | |

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| | Randi | Jones Case number (| it Known) | |
|----------|---|--|---|--------------------|
| | First Name Middle Name | Last Name | | |
| | | | | |
| Wit | thin 2 years before you filed for bankruptcy, d | id you give any gifts or contributions with a total va | lue of more than \$600 | to any charity? |
| ✓ | No | | | |
| | | P | | |
| | Yes. Fill in the details for each gift or contribu | ution. | | |
| | Gifts or contributions to charities | Describe what you contributed | Date you | Value |
| | that total more than \$600 | | contributed | |
| | | | | |
| | Charity's Name | | | |
| | Chanty's Name | | | |
| | | _ | | |
| | Number Street | _ | | |
| | Number Street | | | |
| | City State Zip Code | _ | | |
| | Oity State Zip Gode | | | |
| t 6: | List Certain Losses | | | |
| | | | | |
| | hin 1 year before you filed for bankruptcy or s nbling? | since you filed for bankruptcy, did you lose anything | g because of theft, fire, | other disaster, or |
| V | No | | | |
| Ħ | Yes. Fill in the details. | | | |
| ш | | | | |
| | Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List | | Value of property |
| | now the loss occurred | pending insurance claims on line 33 of <i>Schedule</i> | | lost |
| | | A/B: Property. | , | |
| | | | | |
| | | | | |
| t 7: | List Certain Payments or Transfers | | | |
| | lude any attorneys, bankruptcy petition preparers, | <pre>iptcy petition? or credit counseling agencies for services required in your</pre> | our bankruptcy. | |
| Ц | No | | our bankruptcy. | |
| ✓ | | | our bankruptcy. | |
| ✓ | No | or credit counseling agencies for services required in your property | Date payment | Amount of |
| ✓ | No | or credit counseling agencies for services required in you | Date payment or transfer | Amount of payment |
| ✓ | No Yes. Fill in the details. | or credit counseling agencies for services required in your property transferred | Date payment or transfer was made | payment |
| □ | No Yes. Fill in the details. Semrad Law Firm | or credit counseling agencies for services required in your property | Date payment or transfer | |
| □ | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid | or credit counseling agencies for services required in your property transferred | Date payment or transfer was made | payment |
| <u> </u> | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street | or credit counseling agencies for services required in your property transferred | Date payment or transfer was made | payment |
| ✓ | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street | or credit counseling agencies for services required in your property transferred | Date payment or transfer was made | payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street | or credit counseling agencies for services required in your property transferred | Date payment or transfer was made | payment |
| ✓ | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor | or credit counseling agencies for services required in your property transferred | Date payment or transfer was made | payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street | or credit counseling agencies for services required in your property transferred | Date payment or transfer was made | payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code | or credit counseling agencies for services required in your property transferred | Date payment or transfer was made | payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address | or credit counseling agencies for services required in your property transferred | Date payment or transfer was made | payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None | or credit counseling agencies for services required in your property transferred | Date payment or transfer was made | payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address | or credit counseling agencies for services required in your property transferred | Date payment or transfer was made | payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Made the Payment, if Not You | or credit counseling agencies for services required in your property transferred | Date payment or transfer was made | payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None | or credit counseling agencies for services required in your property transferred | Date payment or transfer was made | payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid | or credit counseling agencies for services required in your property transferred | Date payment or transfer was made | payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Made the Payment, if Not You | or credit counseling agencies for services required in your property transferred | Date payment or transfer was made | payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid | or credit counseling agencies for services required in your condition of the counseling agencies for services required in your credit counseling agencies for services agency counseling agen | Date payment or transfer was made | payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid | or credit counseling agencies for services required in your condition of the counseling agencies for services required in your credit counseling agencies for services agency counseling agen | Date payment or transfer was made | payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid | or credit counseling agencies for services required in your condition of the counseling agencies for services required in your credit counseling agencies for services agency counseling agen | Date payment or transfer was made | payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid Number Street City State Zip Code | or credit counseling agencies for services required in your condition of the counseling agencies for services required in your credit counseling agencies for services agency counseling agen | Date payment or transfer was made | payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid Number Street | or credit counseling agencies for services required in your condition of the counseling agencies for services required in your credit counseling agencies for services agency counseling agen | Date payment or transfer was made | payment |
| | No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid Number Street City State Zip Code | or credit counseling agencies for services required in your condition of the counseling agencies for services required in your credit counseling agencies for services agency counseling agen | Date payment or transfer was made | payment |

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| Debtor ¹ | Randi | | Jones | Case number (if known, |) | |
|---------------------|---|------------------------|---|-------------------------|------------------------------------|----------------------------------|
| | First Name | Middle Name | Last Name | | | |
| he | Ip you deal with your cred not include any payment o | ditors or to make paym | | oehalf pay or transfer | any property to a | nyone who promised to |
| F | Yes. Fill in the details. | | | | | |
| | res. Fill in the details. | | | | | |
| | | | Description and value of any p transferred | property | Date payment or transfer was made | Amount of payment |
| | Person Who Was Paid | | | | | |
| | Number Street | | | | | |
| | City State | Zip Code | | | | |
| | Oity State | Zip Oode | | | | |
| | No Yes. Fill in the details. | | Description and value of proper transferred | | y property or ceived or debts p | Date aid transfer was made |
| | Person Who Received Tra | ansfer | | | | |
| | Number Street | | | | | |
| | City State Person's relationship to y | • | | | | |
| | Person Who Received Tra | ansfer | | | | |
| | Number Street | | | | | |
| | City State Person's relationship to y | • | | | | |
| be | thin 10 years before you f neficiary? nese are often called asset-p | | d you transfer any property to a se | lf-settled trust or sim | ilar device of whi | ch you are a |
| <u> </u> | No Yes. Fill in the details. | | | | | |
| L | Tes. Fili in the details. | | Description and value of the | property transferred | | Date transfer was made |
| | Name of trust | | | | | |

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Debtor 1 Randi Jones Case number (if known) First Name Middle Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code

City

State

Zip Code

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Document Debtor 1 Randi Jones Case number (if known) Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **✓** No Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet**

City

State

Zip Code

State

Zip Code

City

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| Deb | tor 1 | | | | Jones | | Case number (| if known) | |
|------|-------|----------------------------|---|---|--|---|------------------|---|----------------------|
| | | First Name | | Middle Name | Last Name | | | | |
| 26. | Hav | e you been a party | / in any judici | al or administra | ative proceeding u | ınder any environ | mental law? lı | nclude settlements and ord | lers. |
| | | No Yes. Fill in the det | ails. | | | | | | |
| | | 0 1111 | | | Court or agency | | Nature | of the case | Status of the case |
| | | Case title | | | Court Name | | _ | | Pending |
| | | Case number | | | NumberStreet | | | | On appeal Concluded |
| | | - | | | City Stat | · | | | Considera |
| Pari | 11: | Give Details Ab | out Your B | usiness or Co | nnections to An | y Business | | | |
| 27. | Witt | A sole propri | etor or self-en a limited liabi a partnership rector, or mar at least 5% of bove applies | nployed in a tra lity company (L naging executiv the voting or e . Go to Part 12. | de, profession, or LC) or limited liabil e of a corporation quity securities of a | other activity, eith lity partnership (LI a corporation | ner full-time or | connections to any busines part-time | ss? |
| | _ | | | | | e nature of the bu | siness | Employer Identification include Social Security | |
| | | Business Name | | | _ | | | EIN: | |
| | | Number Street | | | Name of acc | ountant or bookk | ceeper | Dates business existed | |
| | | City | State | Zip Code | _ | | | From To | |
| | | | | | Describe the | nature of the bu | siness | Employer Identification include Social Security | |
| | | Business Name | | | _ | | | EIN: | |
| | | Number Street | | | Name of acc | ountant or bookk | keeper | Dates business existed | |
| | | City | State | Zip Code | _ | | | From To | |
| | | | | | Describe the | nature of the bu | siness | Employer Identification include Social Security | |
| | | Business Name | | | _ | | | EIN: | |
| | | Number Street | | | Name of acc | ountant or bookk | keeper | Dates business existed | |
| | | City | State | Zip Code | _ | | | From To | |
| | | | | | | | | | |

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| Deb | tor 1 Randi | | Jones | Case number (if known) |
|------|--------------------------------------|---------------------|-------------------------------|--|
| | First Name | Middle Name | Last Name | |
| 28. | creditors, or other parties. | bankruptcy, did yo | u give a financial statemen | nt to anyone about your business? Include all financial institutions, |
| | Yes. Fill in the details below. | | | |
| | | | Date issued | |
| | Name | | MM/DD/YYYY | |
| | Name | | WIN, 55, 1111 | |
| | Number Street | | - | |
| | | | | |
| | City State | Zip Code | - | |
| Part | 12: Sign Below | | | |
| | | | or imprisonment for up to 2 | ty, or obtaining money or property by fraud in connection with 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | Signature of Debtor | 1 | | Signature of Debtor 2 |
| | Ü | | | Date |
| | Date 4/9/2018 | | | |
| | Did you attach additional pages to ` | our Statement of | Financial Affairs for Individ | uals Filing for Bankruptcy (Official Form 107)? |
| ı | No No | | | |
| [| Yes | | | |
| | Did you pay or agree to pay someon | e who is not an att | orney to help you fill out ba | ankruptcy forms? |
| Г | √ No | | | |
| į | Yes. Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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| Fill in this information to identify your case: | | | | | |
|---|---------------------------|-------------|----------------------|--|--|
| Debtor 1 | Randi | Jones | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois | | |
| Case number (If known) | | | (State) | | |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

| 1. | For any creditors that information below. | you listed in Part 1 of Schedule D: Creditors | s Who Have Claims Secured by Property (Official Form 106D), fill in the | | | |
|----|--|---|--|---|--|--|
| | Identify the creditor ar | nd the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? | | |
| | Creditor's name: Aaron's Description of property securing debt: two b | eds, one sectional Value: \$1,000.00 | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and | No. ✓ Yes. | | |
| | Creditor's name: Description of property securing debt: | | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | No. Yes. | | |
| | Creditor's name: Description of property securing debt: | | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and | No. Yes. | | |
| | Creditor's name: Description of property securing debt: | | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and | No. Yes. | | |

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| Debto | or Randi | | Jones | Case number (if | |
|---------------|----------------------------------|------------------------------|--|--|---------------------------|
| 1 | First Name | Middle Name | Last Name | known) | |
| Part 2: | List Your Unexpired P | ersonal Property Leas | es | | |
| For an inform | ny unexpired personal prope | erty lease that you listed i | n Schedule G: Executor d leases are leases that | y Contracts and Unexpired Leases are still in effect; the lease period U.S.C. § 365(p)(2). | |
| De | escribe your unexpired pers | sonal property leases | | Will the I | ease be assumed? |
| Le | essor's name: | | | □ No □ Yes | |
| | escription of leased roperty: | | | | |
| Le | essor's name: | | | No Yes | |
| | escription of leased roperty: | | | | |
| Le | essor's name: | | | □ No □ Yes | |
| | escription of leased roperty: | | | _ | |
| Le | essor's name: | | | No Yes | |
| | escription of leased roperty: | | | | |
| Le | essor's name: | | | No Yes | |
| | escription of leased roperty: | | | | |
| Le | essor's name: | | | No Yes | |
| | escription of leased roperty: | | | | |
| Le | essor's name: | | | □ No □ Yes | |
| | escription of leased roperty: | | | _ | |
| Part 3 | Sign Below | | | | |
| Und | - | | my intention about any | property of my estate that secure | s a debt and any personal |
| | | - | | | |
| × | /s/ Randi Jones | | _ *_ | | |
| , | Signature of Debtor 1 | | Siç | nature of Debtor 2 | |
| 1 | Date 4/9/2018 | | Da | te | |
| | MM/DD/YYYY | | | MM/DD/YYYY | |

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

| | | Northern Distric | ct of Illinois | |
|----|--|---------------------------------|---|---------------------------------|
| re | Randi Jones | | Case No. | |
| _ | Debtor | | | (If known) |
| | | | Chapter | Chapter 7 |
| | DISCLOSURE OF | COMPENSATIO | N OF ATTORNEY F | OR DEBTOR |
| 1 | Pursuant to 11 U.S.C. § 329(a) and F compensation paid to me within one rendered or to be rendered on behalf | year before the filing of the p | etition in bankruptcy, or agreed to | be paid to me, for services |
| | For legal services, I have agreed to ac | ocept | | \$1,465.00 |
| | Prior to the filing of this statement II | nave received | | \$0.00 |
| | Balance Due | | | \$1,465.00 |
| 2 | . The source of the compensation paid | d to me was: | | |
| | ✓ Debtor | Other (specify) | | |
| 3 | . The source of the compensation paid | d to me is: | | |
| | ✓ Debtor | Other (specify) | | |
| 4 | . I have not agreed to share the ab | | with any other person unless the | y are |
| | | v firm. A copy of the agreeme | h a other person or persons who a nt, together with a list of the name | |
| 5 | . In return for the above-disclosed fee | , I have agreed to render legal | service for all aspects of the bank | ruptcy case, including: |
| | a. Analysis of the debtor's finar bankruptcy; | cial situation, and rendering a | advice to the debtor in determining | g whether to file a petition in |
| | b. Preparation and filing of any | petition, schedules, statemen | its of affairs and plan which may b | e required; |
| | c. Representation of the debtor | at the meeting of creditors ar | nd confirmation hearing, and any a | adjourned hearings thereof; |
| 6 | . By agreement with the debtor(s), the | above-disclosed fee does no | t include the following services: | |
| | | | | |
| | | CERTIFICA | ATION | |
| | I certify that the foregoing is a complet tor(s) in this bankruptcy proceedings. | e statement of any agreemen | t or arrangement for payment to m | ne for representation of the |
| | 4/9/2018 | | /s/ Michael Spangler | |
| | Date | | Signature of Attorney | |
| | | | Semrad Law Firm | |
| | | | Name of law firm | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Jones, Randi | Case No | |
|-----------------|--------------|---|-------------------------------------|
| | Debtor(s) | | |
| | | Chapter. | Chapter7 |
| | VERIFI | CATION OF CREDITOR MAT | RIX |
| Th knowledge | | fy that the attached list of creditors is tru | ue and correct to the best of their |
| Date: | 4/9/2018 | /s/ Jones, Randi Jones, Randi | |
| | | Signature of Deb | tor |

I C SYSTEM INC PO BOX 64378 SAINT PAUL, MN, 55164

AUTOMOTIVE CREDIT CORP P.O. Box 2286 Southfield, MI, 48037

CONVERGENT OUTSOURCING 10750 HAMMERLY BLVD #200 Houston, TX, 77043

CREDITONEBNK PO BOX 98872 LAS VEGAS, NV, 89193

COMMONWEALTH FINANCIAL 245 Main St Scranton, PA, 18519

COMNWLTH FIN 960 N MAIN STREET SCRANTON, PA, 18508

Aaron's 2800 Canton Rd Ste 900 Marietta, GA, 30066

CREDIT ACCEPTANCE c/o: Keith Shindler 1990 E Algonquin Ste 180 Schaumburg, IL, 60173

PLS Financial Services, Inc One South Wacker Drive, 36th Floor Chicago, IL, 60606

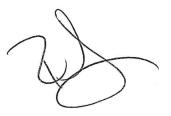
ComEd 1919 Swift Drive Oak Brook, IL, 60523

People's Gas 200 E Randolph St Chicago, IL, 60601 B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re | Randi Jones | | Case No. | |
|------------|--|----------------------------------|--|------------------------------------|
| _ | Debtor | | • | (If known) |
| | | | Chapter _ | Chapter 7 |
| | DISCLOSURE OF | COMPENSAT | ION OF ATTORNE | Y FOR DEBTOR |
| 1. | . Pursuant to 11 U.S.C. § 329(a) and For compensation paid to me within one rendered or to be rendered on behalf | ear before the filing of | the petition in bankruptcy, or agree | eed to be paid to me, for services |
| | For legal services, I have agreed to accommod to accommod to accommod to the services of the s | cept | | \$1,465.00 |
| | Prior to the filing of this statement I h | ave received | | \$0.00 |
| | Balance Due | | | \$1,465.00 |
| 2 | . The source of the compensation paid | to me was: | | |
| | ✓ Debtor | Other (spe | ecify) | |
| 3 | . The source of the compensation paid | to me is: | | |
| | ✓ Debtor | Other (spe | ecify) | |
| 4 | . I have not agreed to share the abomembers and associates of my la | ove-disclosed compens w firm. | sation with any other person unles | s they are |
| | I have agreed to share the above- members or associates of my law the people sharing in the comper | firm. A copy of the agr | on with a other person or persons reement, together with a list of the | who are not names of |
| 5 | . In return for the above-disclosed fee, | I have agreed to render | legal service for all aspects of the | bankruptcy case, including: |
| | | | ering advice to the debtor in determ | |
| | b. Preparation and filing of any p | etition, schedules, stat | tements of affairs and plan which | may be required; |
| | c. Representation of the debtor | at the meeting of credit | ors and confirmation hearing, and | any adjourned hearings thereof; |
| 6 | . By agreement with the debtor(s), the | above-disclosed fee do | es not include the following service | ces: |
| | | | | |
| | | CERT | TFICATION | |
| deb | I certify that the foregoing is a complet- tor(s) in this bankruptcy proceedings. | e statement of any agre | eement or arrangement for paymer | at to me for representation of the |
| y <u>-</u> | 4/9/2018 | | /s/ Michael Spangler | 1 1 MM March |
| | Date | | Signature of Attorney | 1 / |
| | | | Semrad Law Firm | |
| | · | | Name of law firm | |
| | | | | |



CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1465.00 attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr. Adding additional bills \$31.00 Motion to Reopen and Avoid Lien \$1000.00 Motion to Reopen \$350.00 + court costs

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments;

or

2. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 4/9/2018

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| Debtor 1 Randi First Name | Jone Middle Name Last | es Case number | (if known) | |
|---|--|---|--|--|
| 10 M0200500 VET 90000 | estions for Reporting Purposes | | | |
| 16. What kind of debts do you have? | "incurred by an individual pr No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily but | imarily for a personal, family, or h usiness debts? Business debts ar estment or through the operation | re debts that you incurred to obtain of the business or investment. | |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that fund No. | | pt property is excluded and administrative secured creditors? | |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 | |
| 19. How much do you estimate your assets to be worth? | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | n \$10,000,000,001-\$50 billion | |
| 20. How much do you estimate your liabilities to be? Part 7: Sign Below | ▼ \$0-\$50,000 ■ \$50,001-\$100,000 ■ \$100,001-\$500,000 ■ \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | n \$10,000,000,001-\$50 billion | |
| | I have examined this petition, and | I declare under penalty of perjury | that the information provided is true and | |
| For you | correct. If I have chosen to file under Chap of title 11, United States Code. I u under Chapter 7. | oter 7, I am aware that I may proce understand the relief available und | eed, if eligible, under Chapter 7, 11,12, or 13 der each chapter, and I choose to proceed | |
| | out this document, I have obtaine | | eone who is not an attorney to help me fill 11 U.S.C. § 342(b). | |
| | | | ates Code, specified in this petition. | |
| | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | |
| | /s/ Randi Jones Signature of Debtor 1 | X Signa | ture of Debtor 2 | |
| | Executed on 4/9/2018 MM / DD / | Exec | ture of Debtor 2 uted on MM / DD / YYYY | |

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Peclaration About an Individual Debtor's Schedules

Official Form 106Dec

| | | | wolad i | Part 1: Sign |
|---|--|----------------------------|----------------------------|------------------------------------|
| tatement, concealing property, or obtaining mprisonment for up to 20 years, or both. 18 | s or amended schedules. Making a false st | ile bankruptov schedules | I uov aevenedw maot zid | You must file ti money or prope |
| | nosible for supplying correct information. | er, both are equally respo | people are filing togethe | If two married I |
| 15/12 | tor's Schedules | ndividual Deb | ion About an | Declarat |
| Check if this is an amended filling | | S | Form 106De | Official |
| Seneral | | | | Case number (If known) |
| | District of Illinois (State) | Иоцрег | sukruptcy Court for the: | |
| | Last Name | əmsN əlbbiM | First Name | Debtor 2 (Spouse, if filing) |
| | Last Name | Middle Name | First Name | |
| | Jones | | Randi | Debtor 1 |
| | 医基础 医影响的 | es: | nation to identify your ca | Fill in this inform |

| Date MM/DD/YYYY | 8t0S/9/4 ejsa |
|--|---|
| two I declare that I have read the summary and schedules filed with this declaration and Signature of Debtor 2 | Under penalty of perjuit that they are true and X Signature of Debtor |
| pue distribute estable statement destable veres and destable | No Name of person |
| o pay someone who is NOT an attorney to help you fill out bankruptcy forms? | of eerne so yed lloy bid |

| nent to anyone about your business? Include all financial institutions, | u give a financial staten Date issued | | 28. Within 2 years before you file creditors, or other parties. No Yes. Fill in the details bel |
|--|--|------------------------|--|
| _ | | ·wo | ON Ves. Fill in the details be |
| _ | | .wo | Yes. Fill in the details be |
| _ | | | |
| _ | | | ЭшѕИ |
| _ | WW/DD/WW | | Name |
| | | | |
| | _ | | Number Street |
| | ·— | eboO qiZ | City State |
| | | | |
| ments, and I declare under penalty of perjury that the answers are | | | I have read the answers on th |
| berty, or obtaining money or property by fraud in connection with o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | |
| 2 | 0 " | | ~ |
| Signature of Debtor 2 | Om | | LibnsR \s\ LibnsR \s\ I to shutsngi |
| Date | | | _ |
| C/501- mund Injustic), votarradand and putilid alembin | ibel vet eviett (feiengenis) | | Date 4/9/20 |
| viduals Filing for Bankruptcy (Official Form 107)? | Financial Alialts for Indi | o no rour atalement of | |
| | | | sə, L on 🔼 |
| | torney to help you fill ou | a ns ton si ohw enoem | Did you pay or agree to pay so |
| t bankruptcy forms? | | | oN 🔼 |
| t bankruptcy forms? | | | |
| t bankruptcy forms? Attach the Bankruptcy Petition Preparer's Notice, | | | Yes. Name of person |

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bage 2 Statement of Intention for Individuals Filing Under Chapter 7 Official Form 108 MM/DD/XXXX MM/DD/XXXX Date Date 4/9/2018 Signature of Debtor 1 Signature of Debtor 2

| Under penalty of perjury, I declare that I have indicated my property that is subject to an unexpired lease. | | perty of my estate that secures a debt and any personal |
|--|---------------------------|---|
| wolad ngi2 ः मन | | |
| Description of leased Description of leased | | |
| Гезгоц, г ияше: | | səд 🔲 ор 🔲 |
| Description of leased property: | | |
| геггоц в изше: | | sə, 🗌 |
| Description of leased property: | | |
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| Гезгоц, г изше: | | sə, 🗌 ор 🔲 |
| Description of leased Description of leased | | _ |
| ressor, s uswe: | | ом 🔲 |
| Description of leased property: | | |
| ressor, s usume: | | oN □ |
| bιobeιγλ: Descublion of leased | | _ |
| Гевгоц'я пате: | | SeY ☐ |
| Describe your unexpired personal property leases | | Will the lease be assumed? |
| or any unexpired personal property lease that you listed in Sc formation below. Do not list real estate leases. Unexpired les ssume an unexpired personal property lease it the trustee do | sases are leases that are | |
| List Your Unexpired Personal Property Leases | , | |
| FIRST NAME INITIAL NAME | Last Name | (umouu) |

Debtor Randi Case number (if Səuor

UNITED STATES BANKRUPTCY COURT Morthern District of Illinois

Northern District of Illinois

| ibnes, Randi Signature of Debtor | 8102/6/4 | Date: |
|---|--|--------|
| eby verify that the attached list of creditors is true and correct to the best of their | | knowle |
| VERIFICATION OF CREDITOR MATRIX | ۸ | |
| Chapter. Chapter7 | | |
| Case No. | ibne R , eano L Debtor(s) | ln re: |

Desc Main

Case 18-10280